

FILED  
Apr 07, 2002 8:00 am  
Secretary of State

04-07-2002 90068 032 \*\*\*\*61.25

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> N00410			
1. Entity Name Greater Miami Convention & Visitors Bureau, Inc.			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business 701 Brickell Avenue Suite, Apt. #, etc. Suite 2700 City & State Miami FL Zip 33131 Country USA		3. Mailing Address 701 Brickell Avenue Suite, Apt. #, etc. Suite 2700 City & State Miami, FL Zip 33131 Country USA	
		4. FEI Number 59-2383735	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>		7. Name and Address of Current Registered Agent	
		Name Dougherty, Lucia A. Esq.	
		Street Address (P.O. Box Number is Not Acceptable) 1221 Brickell Ave.	
		City Miami FL Zip Code 33131	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>			
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Goldman, Tony 640 Ocean Drive Miami Beach, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Chigoy, Tom 4823 Collins Ave. Miami Beach, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hicks, Elizabeth 200 S. Biscayne Blvd Suite 4650 Miami, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peebles, Donahue R. 100 S.E. 2nd St. Suite 4650 Miami, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sastre, Maria 1050 Caribbean Way Miami, FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Talbert, William D III 701 Brickell Ave. Suite 2700 Miami, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>William D. Talbert, III</u>		Date 3/25/02 (305) 539-3032	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037B (12/01)